



**STATE OF LOUISIANA
BOARD OF CERTIFICATION FOR SOLID WASTE DISPOSAL
SYSTEM OPERATORS
APPLICATION FOR RE-CERTIFICATION**

**Louisiana Department of Environmental Quality
Board of Certification and Training for Solid Waste Management Operators
OES, PPPSD, Notifications and Accreditations Section
Post Office Box 4313
Baton Rouge, Louisiana 70821-4313
(225) 219-3079**

1. Personal Data

(Please Type or Print in Ink)

| | | | | | |
|--------------------------------------------------------------------|--------------|--------------------------------------------------------------|-------------------------------------------------------|-----------------------------------|--------------------|
| Employee's Full Name | | | Name of Employer | | |
| Last | First | Middle | | | |
| Initial | | | | | |
| Home Address | | | Name of Solid Waste Management Facility (Site) | | |
| City | State | Zip | Site Address | | |
| Home Phone Number () | | | City | State | Zip |
| <i>For Office Use Only</i> Agency Interest Number (A.I.#) _____ | | | Site Phone Number () | | Site Parish |
| <input type="checkbox"/> \$100 Re-Certification | | <input type="checkbox"/> \$200 Late- Re-Certification | | Employer's Mailing Address | |
| Check Number _____ | | Check Date _____ | | City | State |
| Check Amount _____ | | | | Zip | |

2. Re-Certification Requested - Check Applicable Line(s)

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Landfills Level A _____ (40 contact training hrs. needed) Level B _____ (40 contact training hrs. needed) Level C _____ (30 contact training hrs. needed) | Incinerator/Waste Handling Facility Level A _____ (40 contact training hrs. needed) Level B _____ (40 contact training hrs. needed) | Construction/Demolition or Woodwaste Facility Level A _____ (40 contact training hrs. needed) Level B _____ (40 contact training hrs. needed) |
| Surface Impoundment Level A _____ (20 contact training hrs. needed) | Refuse-Derived Fuel Facility Level A _____ (40 contact training hrs. needed) Level B _____ (40 contact training hrs. needed) | Composting Facility Level A _____ (40 contact training hrs. needed) Level B _____ (40 contact training hrs. needed) |
| Landfarms Level A _____ (40 contact training hrs. needed) Level B _____ (40 contact training hrs. needed) | Transfer Station Level A _____ (40 contact training hrs. needed) Level B _____ (40 contact training hrs. needed) | Separation Facility Level A _____ (40 contact training hrs. needed) Level B _____ (40 contact training hrs. needed) |

- a. Attach proof of attendance at a training session or sessions approved by the Board, including but not limited to dates(s) of training, hours of attendance, course outline, agency or institution providing training, etc.
- b. Attach proof of current certification.
- c. Late Re-Certification will be considered by the Board if application is made within 3 months following the expiration date of the certificate. All training requirements must have been met before the expiration date of the certificate.

3. Certification(s): List all current Solid Waste Operator Certifications

| Class | Level | Date Issued | Certificate No. |
|-------|-------|-------------|-----------------|
| | | | |
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| | | | |

4. Re-Certification Fee (Check applicable)

- _____ a. Re-Certification Fee: \$100
- _____ b. Late Re-Certification Fee: \$200

Method of payment shall be by check, or money order, made payable to:
The Board of Certification and Training at the address at the top of the 1st page of the form.

5. Data Verification

I verify that the foregoing data and/or facts are correct, to the best of my knowledge. All information contained in this application and all attached supporting documents, are subject to verification by the Board. Any false or erroneous information may be cause for disapproval of this application and/or loss of Louisiana Certification.

_____ Signature of Applicant _____ Printed Name _____ Date

6. Certification

I, as the applicant’s supervisor, have personally examined and am familiar with the information contained in this document. I hereby attest, under penalty of law, that the information is true, accurate, and complete to the best of my knowledge.

_____ Signature of Supervisor _____ Printed Name _____ Date